

WIOA Work Experience Worksite Orientation

Worksite: _____ Telephone Number: _____

Worksite Address: _____

Worksite Supervisor: _____ Telephone Number: _____

Alternate Supervisor: _____ Telephone Number: _____

Acknowledgement of Receipt

This is to certify that I have received, read, and understand the rules, regulations, and instructions contained in this orientation packet. I have also received a copy of the job description(s) of the participant(s) whom I will be supervising.

Worksite Supervisor Signature

Date

Alternate Supervisor Signature (if applicable)

Date

WIOA Representative Signature

Date